

APPENDIX F

CLINICAL PRIVILEGE SHEETS FOR DENTISTS

1. The clinical privilege sheets contained in this appendix are arranged by dental disciplines, including general dentistry. These sheets are used in the application and granting of professional staff appointments to delineate a specific scope of care, i.e., clinical privileges. The privileges are divided into two categories for each specialty area, core privileges and supplemental privileges.

a. Core privileges

(1) Constitute a single entity. This is not a list from which applicants may choose the privileges they wish to request.

(2) Describe the baseline scope of care for fully qualified DON practitioners in each of the identified specialty areas.

(3) Are standardized and are not to be modified by MTFs/DTFs. Forward suggested modifications to core privileges to BUMED-M3M (Medical Operations Support) via the appropriate specialty advisor and BUMED-M3D (Dental Operations Support).

b. Supplemental privileges

(1) Are delineated on an item by item basis. Provider must write "yes" or "no" beside the supplemental privilege on the privilege sheet. The area labeled "other" is used to delineate privileges not contained within the core privileges or specifically listed in the supplemental category for that specialty.

(2) May be customized by MTFs/DTFs by adding, deleting, or modifying items to make them specific to their facility. This action does not require BUMED approval.

2. Practitioners must use only those privilege sheets appropriate for their specialty.

3. Health care practitioners are not required to be privileged to provide emergency care. All personnel are expected and authorized to render care necessary to save the life or protect the welfare of a patient in an emergency situation, to the degree permitted by their licensure, training, applicable laws and Navy regulations.

4. Criteria for dentist core privileges

- a. Graduation from a dental school approved by the Commission on Accreditation of Dental and Auxiliary Educational Programs of the American Dental Association (ADA) or the Commission on Dental Accreditation of Canada of the Canadian Dental Association.
- b. Completion of a residency approved by the Commission on Accreditation of Dental and Auxiliary Educational Programs of the ADA or the Commission on Dental Accreditation of Canada of the Canadian Dental Association, for specialties other than general dentistry.
- c. Possession of a current, valid, unrestricted, license or licensure exemption.
- d. Current clinical competence.
- e. No health status contraindications to granting clinical privileges as delineated.

5. Criteria for dentist supplemental privileges

- a. Criteria for core privileges.
- b. Compliance with departmental-specific (specialty) criteria that have been endorsed by the MTF/DTF ECOMS/ECODS respectively and approved by the privileging authority.

6. Hospital privileges for dentists not permanently assigned to hospitals:

- a. Designated privileging authorities of dentists desiring to exercise clinical privileges in a hospital to which they are not permanently assigned shall forward an ICTB, Appendix N, to the designated privileging authority of the gaining hospital.
- b. The dentist shall submit an Appendix Q request to the designated privileging authority of the gaining hospital request-ing applicable core clinical privileges and supplemental clinical privileges, as needed and supported by the gaining facility, and for which he/she meets the gaining facility's departmental criteria. The Appendix Q request is then endorsed by the gaining facility's department head and designated privileging authority.
- c. The dentist shall have only one ICF. That ICF shall be maintained by the designated privileging authority of the command to which the dentist is permanently assigned, as defined in paragraph 6 of this instruction. The gaining facility will forward

a copy of Appendix Q to the designated privileging authority of the command to which the dentist is permanently assigned for inclusion into his/her ICF. Appendix Q may be sent concurrently with the PAR.

d. The granting of supplemental privileges by the gaining designated privileging authority does not violate the principle of one privileging authority in the Navy's multi-institutional credentialing and privileging system. The Chief, BUMED is the corporate privileging authority for all DON practitioners. The multi-institutional credentialing and privileging system provides for the intra-system transfer and acceptance of core clinical privileges and the facility-specific granting of supplemental clinical privileges.

7. Core privilege sheets are included in this appendix for the following disciplines:

- General Dentistry
- Comprehensive Dentistry
- Endodontics
- Endodontics Advanced Clinical Practice (ACP)
- Maxillofacial Prosthodontics
- Operative Dentistry
- Oral and Maxillofacial Surgery
- Oral Medicine
- Oral and Maxillofacial Pathology
- Orofacial Pain
- Orthodontics
- Pediatric Dentistry
- Periodontics
- Periodontics Advanced Clinical Practice (ACP)
- Prosthodontics

DEPARTMENT OF THE NAVY
GENERAL DENTISTRY - CORE PRIVILEGES

Comprehensive dental examination, consultation, and treatment planning including the use of radiographs, photographs, diagnostic tests, impressions, jaw relation records, and diagnostic casts

- * Preliminary diagnosis, initial treatment, or stabilization of oral manifestations of systemic disease
- * Management of odontogenic infections and diseases through pharmacologic means and incision and drainage
- * Post mortem dental exam for purposes of identification
- * Preventive dentistry services
- * Minimal sedation/Anxiolysis (oral only) (Single agent) (patients over 12 years old)
- * Restorative dentistry; inlays, onlays, amalgams, composites, bonding, veneers, pin or post retention
- * Pulp caps, pulpotomy, pulpectomy
- * Occlusal adjustment (limited)
- * Provisional splinting
- * Occlusal splint
- * Root planing
- * Apexification and apexogenesis
- * Gingivectomy and gingivoplasty
- * Gingival curettage
- * Complete or partial dentures; new, relines, rebase, repair, immediate (uncomplicated)
- * Crown, retainer, and pontic (uncomplicated) services not increasing the vertical dimension of occlusion
- * Post and core procedures
- * Tooth extraction (routine) including vertical or mesioangular, high partially encapsulated third molars
- * Post trauma replantation
- * Alveoloplasty concurrent with extractions
- * Repair traumatic wounds (less than 2 cm and not crossing vermilion border)
- * Local anesthesia
- * Soft tissue excision/biopsy
- * Foreign body removal in the treatment of acute trauma
- * Osteitis and pericoronitis treatment
- * Complete uncomplicated, nonsurgical root canal therapy for permanent teeth
- * Bleaching of discolored teeth
- * Space maintenance
- * Removable orthodontic appliances to effect minor tooth movement or habit correction

GENERAL DENTISTRY - SUPPLEMENTAL PRIVILEGES

Write "Yes" or "No" by each supplemental privilege

- _____ Tooth extraction (including fully-encapsulated third molars not requiring sectioning or bone removal)
- _____ Extraction of partial bony impacted third molars
- _____ Extraction of full bony impacted third molars
- _____ Minor tooth movement (fixed appliances)
- _____ Root-end resection and root-end filling (uncomplicated anterior)
- _____ Resin-bonded fixed partial denture
- _____ Nonsurgical management of temporomandibular disorders
- _____ Maintenance of dental implants (to include removal and reinsertion of implant restorations)
- _____ Prosthetic restoration of dental implants (limited to single tooth restorations)
- _____ Minimal Sedation/Anxiolysis inhalation sedation with nitrous oxide/oxygen (single agent)

Other: _____

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
COMPREHENSIVE DENTISTRY - CORE PRIVILEGES

General dentistry core privileges and:

- * Root-end resection and root-end filling (uncomplicated anterior)
- * Deciduous root canal treatment
- * Frenectomy
- * Occlusal adjustment (complete)
- * Hawley appliances
- * Overdenture (complete and partial)
- * Tooth extraction (including fully-encapsulated third molars requiring bone removal, but excluding full-bony impactions)
- * Resin-bonded fixed partial denture
- * Nonsurgical management of temporomandibular disorders
- * Minor tooth movement (fixed appliances)
- * Habit correction appliances
- * Hemisection, bicuspidization, and root amputation
- * Limited osseous resective surgery to facilitate restorative dentistry (crown lengthening procedures)
- * Replaced periodontal flap procedures for debridement in mild or moderate periodontitis cases

COMPREHENSIVE DENTISTRY - SUPPLEMENTAL PRIVILEGES

Write "Yes" or "No" by each supplemental privilege

- _____ Extraction of bony impacted third molars
- _____ Direct compacted gold restorations
- _____ Prosthetic restoration of dental implants (limited to single tooth restorations)
- _____ Maintenance of dental implants (to include removal and reinsertion of implant restorations)
- _____ Guided tissue regeneration of periodontal defects
- _____ Minimal Sedation/Anxiolysis inhalation sedation with nitrous oxide/oxygen (single agent)
- _____ Thin (< 2 mm) free soft tissue autographs
- _____ Laterally-positioned pedicle grafts
- _____ Use of autogenous, alloplastic and allogenic bone grafts in isolated periodontal defects of moderate extent

Other: _____

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
ENDODONTICS - CORE PRIVILEGES

General dentistry core privileges and:

- * Comprehensive endodontic examination, consultation, and treatment planning
- * Complicated nonsurgical root canal therapy for all permanent teeth
- * Root canal therapy for deciduous teeth
- * Surgical removal of dentoalveolar osseous lesions
- * Surgical root canal therapy including; root-end resection, root-end filling, decompression, root resection, bicuspidization, hemisection, perforation repair, trephination, and incision and drainage
- * Endodontic endosseous implants
- * Minor tooth movement
- * Intentional tooth replantation (extraction replantation) or transplantation
- * Nonsurgical management of temporomandibular disorders
- * Osseous grafts (intraoral allografts and alloplasts)
- * Guided tissue regeneration procedures (GTR)

ENDODONTICS - SUPPLEMENTAL PRIVILEGES
Write "Yes" or "No" by each supplemental privilege

_____ Minimal Sedation/Anxiolysis inhalation sedation with nitrous oxide/oxygen (single agent)

Other: _____

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
ENDODONTICS ADVANCED CLINICAL PROGRAM (ACP) - CORE PRIVILEGES

General dentistry core privileges and:

- * Comprehensive endodontic examination, consultation, and treatment planning
- * Complicated nonsurgical root canal therapy for all permanent teeth
- * Root canal therapy for deciduous teeth
- * Surgical removal of dentoalveolar osseous lesions
- * Surgical root canal therapy for anterior and premolar teeth including: root-end resection, and root-end filling
- * Other surgical root canal therapy for anterior and posterior teeth including: decompression, root resection, bicuspidization, hemisection, perforation repair, trephination, and incision and drainage
- * Minor tooth movement
- * Nonsurgical management of temporomandibular disorders

ENDODONTICS - SUPPLEMENTAL PRIVILEGES
Write "Yes" or "No" by each supplemental privilege

- _____ Surgical root canal therapy for molar teeth including: root-end resection and root-end filling
- _____ Intentional tooth replantation (extraction replantation) or transplantation
- _____ Minimal Sedation/Anxiolysis inhalation sedation with nitrous oxide/oxygen (single agent)
- _____ Osseous grafts (intraoral allografts and alloplasts)
- _____ Guided tissue regeneration procedures (GTR)

Other: _____

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
MAXILLOFACIAL PROSTHODONTICS - CORE PRIVILEGES

General dentistry core privileges, prosthodontic core privileges, and:

- * Intraoral maxillofacial prostheses (complex)
- * Extraoral maxillofacial prostheses (complex)
- * Intraoral and extraoral impressions
- * Implants to provide normal symmetry for patients having incurred trauma, disease, or congenital defects
- * Extraoral implants using osseointegrated fixtures

MAXILLOFACIAL PROSTHODONTICS - SUPPLEMENTAL PRIVILEGES

Write "Yes" or "No" by each supplemental privilege

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
OPERATIVE DENTISTRY - CORE PRIVILEGES

General dentistry core privileges, and:

- * Direct compacted gold restorations
- * Full veneer ceramic restorations, as well as ceramic inlays and onlays
- * Occlusal adjustment (complete)
- * Minor tooth movement (fixed appliances)
- * Hawley appliances
- * Resin-bonded fixed partial denture

OPERATIVE DENTISTRY - SUPPLEMENTAL PRIVILEGES

Write "Yes" or "No" by each supplemental privilege

- _____ Minimal Sedation/Anxiolysis inhalation sedation with nitrous oxide/oxygen (single agent)
- _____ Nonsurgical management of temporomandibular disorders
- _____ Prosthetic restoration of dental implants (limited to single tooth restorations)
- _____ Maintenance of dental implants (to include insertion and removal of implant restorations)
- _____ Hemisection, bicuspidization, and root amputation

Other: _____

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
ORAL AND MAXILLOFACIAL SURGERY - CORE PRIVILEGES

General dentistry core privileges and:

- * Comprehensive oral maxillofacial surgery examination, consultation, and treatment planning
- * Dentoalveolar surgery; extraction of soft and hard tissue impaction, intentional tooth replantation or transplantation, root-end resection and root-end filling, sequestrectomy, stomatoplasty, ridge augmentation, alveoloplasty, osseo-integrated implants, and oral antral/oral nasal fistula repair
- * Management of cervical-facial infections
- * Comprehensive management of oral manifestations of chronic systemic diseases, e.g., lichen planus, pemphigoid and erythema multiforme
- * Repair traumatic wounds: oral and facial
- * Repair and management of facial fractures: alveolar, maxilla, mandible, nasoethmoidal, zygoma, frontal
- * Tracheostomy
- * Nasal antrostomy
- * Maxillary sinusotomy
- * Therapeutic medication by injection
- * Craniofacial analysis
- * Extracranial facial osteotomies
- * Augmentation, contouring, reductions of hard and soft tissue
- * Marsupialization
- * Soft tissue grafts
- * Vestibuloplasty, frenectomy, mucogingival surgery
- * GTR
- * Minimal Sedation/Anxiolysis inhalation sedation with nitrous oxide/oxygen
- * Minimal sedation/axiolysis.
- * Moderate Sedation/analgesia
- * General anesthesia
- * Nonsurgical management of temporomandibular joint disorders
- * History and physical examination, hospital admission: adult and pediatric
- * Resection of maxilla, mandible
- * Major salivary gland surgery
- * Sialography
- * Minor tooth movement
- * Placement maxillofacial devices
- * Arthrogram
- * Arthroscopy

DEPARTMENT OF THE NAVY
ORAL AND MAXILLOFACIAL SURGERY - CORE PRIVILEGES
(Continued)

General dentistry core privileges and: (Continued)

- * Temporomandibular joint surgery
- * Preprosthetic reconstructive surgery
- * Scar revision: oral and facial
- * Reconstruction of the facial skeleton
- * Excision of benign and malignant tumors and cysts of the hard and soft tissues
- * Harvest of hard and soft tissue grafts
- * Alveolar cleft repair

ORAL AND MAXILLOFACIAL SURGERY - SUPPLEMENTAL PRIVILEGES
Write "Yes" or "No" by each supplemental privilege

- _____ Cleft lip repair
- _____ Cleft palate repair
- _____ Craniofacial implants
- _____ Liposuction
- _____ Microneural repair
- _____ Microvascular reconstruction
- _____ Laser surgery
- _____ Cranial bone graft
- _____ Rhinoplasty
- _____ Blepharoplasty
- _____ Rhytidectomy
- _____ Otoplasty
- _____ Chemical peel
- _____ Dermabrasion
- _____ Hair Transplant

Other: _____

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
ORAL MEDICINE - CORE PRIVILEGES

General dentistry core privileges, and:

- * Comprehensive management of oral manifestations of chronic systemic disease, e.g., lichen planus, pemphigoid and erythema multiforme
- * Dental management of medically compromised patients
- * Nonsurgical management of temporomandibular disorders

ORAL MEDICINE - SUPPLEMENTAL PRIVILEGES
Write "Yes" or "No" by each supplemental privilege

_____ Minimal Sedation/Anxiolysis inhalation sedation with nitrous oxide/oxygen (single agent)
_____ Sialography
_____ Arthrography

Other: _____

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
ORAL AND MAXILLOFACIAL PATHOLOGY - CORE PRIVILEGES

General dentistry core privileges, and:

- * Comprehensive management of oral manifestations of chronic systemic disease, e.g., lichen planus, pemphigoid and erythema multiforme
- * Macroscopic and microscopic tissue examination
- * Preparation of tissue examination report
- * Forensic dental identification examination
- * Interpret frozen section
- * Order and evaluate histochemical stains
- * Order and evaluate immunohistochemical stains
- * Sign out of microscope tissue examination

ORAL AND MAXILLOFACIAL PATHOLOGY - SUPPLEMENTAL PRIVILEGES

Write "Yes" or "No" by each supplemental privilege

- _____ Order and evaluate electron microscopic examinations
- _____ Interpret fine needle aspirate
- _____ Interpret oral cytologic smears
- _____ Interpretation of advanced imaging systems (tomograms, computerized tomography and magnetic resonance imaging)

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
OROFACIAL PAIN - CORE PRIVILEGES

General dentistry core privileges, and:

- * Nonsurgical management of orofacial pain/temporomandibular disorders
- * Occlusal analysis and adjustment (complete)
- * Mandibular manipulation
- * Myofascial trigger point injections (complete trigeminal system)

OROFACIAL PAIN - SUPPLEMENTAL PRIVILEGES
Write "Yes" or "No" by each supplemental privilege

_____ Minimal Sedation/Anxiolysis inhalation sedation with nitrous oxide/oxygen
(single agent)

Other: _____

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
ORTHODONTICS - CORE PRIVILEGES

General dentistry core privileges and:

- * Comprehensive orthodontic examination, consultation, and treatment retention program
- * Fixed and removable retainers
- * Positioners
- * Comprehensive orthodontic treatment
- * Fixed and removable appliances
- * Intraoral and extraoral traction
- * Orthopedic appliances
- * Functional appliances
- * Habit correction appliances
- * Occlusal analysis and adjustment (complete)
- * Nonsurgical management of temporomandibular disorders

ORTHODONTICS - SUPPLEMENTAL PRIVILEGES
Write "Yes" or "No" by each supplemental privilege

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
PEDIATRIC DENTISTRY - CORE PRIVILEGES

General dentistry core privileges and:

- * Comprehensive pediatric dental exam, consultation and treatment planning
- * Comprehensive care of patients with special needs
- * Root canal therapy for deciduous teeth
- * Obturator
- * Tooth exposure, surgical
- * Tooth extraction: mesiodens, anterior supernumeraries, immature premolars in conjunction with serial extraction treatment
- * Orthodontic treatment: limited to minor tooth movement, craniofacial analysis, expansion appliances, functional appliances, sectional arch wires, utility archwire, 2x4 and 2x6 appliances, extraoral traction devices, fixed and removable retainers, and habit correction appliances
- * Nonsurgical management of temporomandibular disorders (pediatric patients)
- * Pediatric conscious sedation: Minimal Sedation/Anxiolysis inhalation sedation with nitrous oxide/oxygen (single agent)
- * Minimal Sedation/anxiolysis (single-agent)
- * Moderate Sedation
- * Frenectomy

PEDIATRIC DENTISTRY - SUPPLEMENTAL PRIVILEGES

Write "Yes" or "No" by each supplemental privilege

_____ Resin-bonded fixed partial denture
_____ Comprehensive orthodontics (define scope of cases)

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
PERIODONTICS - CORE PRIVILEGES

General dentistry core privileges and:

- * Comprehensive periodontal examination, consultation and treatment planning
- * Complete occlusal adjustment
- * Osseous grafts (intraoral autografts, allografts and alloplasts)
- * Soft tissue grafts (pedicle, free autogenous up to 2 mm thickness)
- * Thick (greater than 2 mm thickness) free soft tissue autogenous palatal and connective tissue grafts
- * Root resective procedures (hemisection, amputation, and bicuspidization)
- * Tooth extraction (including impactions) associated with periodontal surgery
- * Vestibuloplasty
- * Frenectomy
- * Surgical tooth exposure
- * Surgical perforation repair
- * Nonsurgical management of temporomandibular disorders
- * Alveoloplasty
- * Osseous resective surgery
- * Surgical removal of dentoalveolar osseous lesions
- * Removal of exostoses
- * Ridge augmentation and contouring (hard and soft tissue)
- * Intentional tooth replantation or transplantation
- * Surgical placement and maintenance (including removal and reinsertion) of osseointegrated dental implants
- * Sinus augmentation procedures in conjunction with dental implant placement
- * Guided tissue (including bone) regeneration procedures (GTR, GBR)
- * Minor tooth movement (fixed appliances)

PERIODONTICS - SUPPLEMENTAL PRIVILEGES
Write "Yes" or "No" by each supplemental privilege

- _____ Fixed orthodontic appliances including full arch treatment
- _____ Moderate sedation and analgesia
- _____ Minimal Sedation/Anxiolysis inhalation sedation with nitrous oxide/oxygen (single agent)
- _____ Single restoration of dental implants
- _____ Surgical root canal therapy including root-end resection and filling

Other: _____

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
PERIODONTICS ADVANCED CLINICAL PROGRAM (ACP) - CORE PRIVILEGES

General dentistry core privileges and:

- * Comprehensive periodontal examination, consultation and treatment planning
- * Complete occlusal adjustment
- * Osseous grafts (intraoral autografts, allografts and alloplasts)
- * Soft tissue grafts (pedicle, free autogenous up to 2 mm thickness)
- * Thick (greater than 2 mm thickness) free soft tissue autogenous palatal and connective tissue grafts
- * Root resective procedures (hemisection, amputation, and bicuspidization)
- * Tooth extraction (including impactions) associated with periodontal surgery
- * Frenectomy
- * Surgical tooth exposure
- * Surgical perforation repair
- * Nonsurgical management of temporomandibular disorders
- * Alveoloplasty
- * Osseous resective surgery
- * Removal of exostoses
- * Ridge augmentation and contouring (hard and soft tissue)
- * Guided tissue (including bone) regeneration procedures (GTR)

PERIODONTICS (ACP) - SUPPLEMENTAL PRIVILEGES

Write "Yes" or "No" by each supplemental privilege

- _____ Minimal Sedation/Anxiolysis inhalation sedation with nitrous oxide/oxygen (single agent)
- _____ Surgical placement and maintenance (including removal and reinsertion) of osseointegrated dental implants analgesia

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
PROSTHODONTICS - CORE PRIVILEGES

General dentistry core privileges and:

- * Comprehensive prosthodontic examination, consultation, overall restorative treatment planning
- * Complete and partial overdentures, the combination case syndrome
- * Fixed and removable prostheses involving precision attachments
- * Prosthodontic treatment of malposed teeth, occlusal plane discrepancies, changes to the existing vertical dimension of occlusion with or without concomitant restoration of anterior guidance
- * Full veneer ceramic restorations, as well as ceramic inlays and onlays
- * Oral reconstruction to include, but not limited to opposing quadrants restored with fixed prostheses, techniques involving functionally generated path or fully adjustable instruments
- * Complete dentures involving complicated occlusal schemes
- * Complete dentures involving a cast metal bases or cast metal occlusals
- * Single unit complete dentures opposing natural dentition (complicated)
- * Dentures on surgically augmented residual ridges
- * Rotational path removable partial dentures
- * Nonsurgical management of temporomandibular disorders
- * Resin bonded fixed partial dentures
- * Minor tooth movement (fixed appliances)
- * Intraoral maxillofacial prostheses and repairs
- * Prostheses fabrication and maintenance on intraoral Osseointegrated fixtures

PROSTHODONTICS - SUPPLEMENTAL PRIVILEGES

Write "Yes" or "No" by each supplemental privilege

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

APPENDIX G

CLINICAL PRIVILEGE SHEETS FOR ALLIED HEALTH SPECIALISTS

1. The clinical privilege sheets contained in this appendix are arranged by clinical specialty. These sheets are used in the application and granting of professional staff appointments to delineate specific scopes of care, i.e., clinical privileges. For each specialty area, the privileges are divided into two categories, core privileges and supplemental privileges.

a. Core privileges

(1) Constitute a single entity. This is not a list from which applicants may choose the privileges they wish to request.

(2) Describe the baseline scope of care for fully qualified DON practitioners in each of the identified specialty areas.

(3) Are standardized and are not to be modified by MTFs/DTFs. Forward suggested modifications to core privileges to BUMED-M3M (Medical Operations Support) via the appropriate specialty leader.

b. Supplemental privileges

(1) Are delineated on an item-by-item basis. Provider must write "yes" or "no" beside the supplemental privilege, on the privilege sheet. The area labeled "other" is used to delineate privileges not contained within the core privileges or specifically listed in the supplemental category for that specialty.

(2) May be customized by MTFs/DTFs by adding, deleting or modifying items to make them specific to their facility. The command should notify providers in writing when terms are disallowed or removed from their supplemental privileges list. This action does not require BUMED approval.

2. Practitioners must use only those privilege sheets appropriate for their clinical specialty or area of expertise.

3. Health care practitioners are not required to be privileged to provide emergency care. All personnel are expected and authorized to render care necessary to save the life or protect the welfare of a patient in an emergency situation to the degree permitted by their licensure, training, applicable laws and Navy regulations.

4. Criteria for allied health specialists core privileges

- a. Current clinical competence.
- b. No health status contraindications to granting clinical privileges as delineated.
- c. Educational and licensure and certification requirements as applicable to the specific allied health specialty. Approved licensing and certification jurisdictions are in this instruction.

(1) Audiology. Master's degree in audiology or Doctor of Audiology (Au.D) degree, State license to practice and either a Certificate of Clinical Competence (Audiology) from the American Speech-Language-Hearing Association (ASHA-CCCA, or the American Academy of Audiology (F-AAA) and certification through the American Board of Audiology. Individuals enrolled in a clinical fellowship year must possess a master's degree in Audiology or Au.D. and be under the supervision of a credentialed audiologist per the above guidelines.

(2) Chiropractic. Graduate of a chiropractic college accredited by the Council on Chiropractic Education (CCE) or its successor, an unrestricted State license to practice chiropractic services, member in good standing with the State Board of Chiropractic Examiners in the State in which the license is issued.

(3) Clinical Psychology. A doctoral degree in clinical or counseling psychology (or an acceptable equivalent) from an accredited university or professional school, a 1-year clinical internship, and a current State license in psychology.

(4) Pharmacy. Baccalaureate degree in pharmacy or a Pharm.D. degree (from an accredited college or university), and a current State license.

(5) Dietetics. Baccalaureate degree in a program approved or accredited by the American Dietetic Association and certification as a registered dietitian or eligibility for registration at the first available exam date (Registered Dietician [RD]-eligible).

(6) Marriage and Family Therapists. Master's or doctoral degree in marriage and family therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), or a qualifying graduate degree in an allied mental health field from a regionally accredited education institution in conjunction with a program of marriage and family therapy study that is equivalent to the COAMFTE standards, as defined by the American Association of Marriage and Family Therapy (AAMFT), and one of the following:

- (a) State license.
- (b) State certification.
- (c) Clinical membership credentials issued by the AAMFT.

(7) Occupational Therapy. Baccalaureate degree and certification as an occupational therapist. State license optional, although recommended if the individual's home of record or current State, in which duty station is located, requires licensure. Will be required to comply with the following skill at the gaining command: supervision of occupational therapy assistants, volunteers, and students. Will be required to document all occupational therapy services and interventions.

(8) Optometry. Doctor of Optometry degree and a State license. The following criteria must be met to prescribe topical ophthalmic agents (either (a) or (b) in addition to (c)).

(a) Satisfactory completion of a course in general and ocular pharmacology with particular emphasis on application and use of pharmaceutical agents for the purpose of examination, diagnosis, and treatment of conditions of the eye and its adnexa. The course must include a minimum of 100 hours or 6 semester hours of ocular pharmacology and therapeutics, including at least 25 hours of supervised clinical training.

(b) Possession of a State license that authorizes the individual to prescribe ocular therapeutic agents.

(c) For renewal of privileges, the practitioner must obtain 30 hours of continuing education every 3 years in the treatment and management of ocular disease.

(d) Qualified optometrists are authorized to renew prescriptions for patients who are under the periodic care of an ophthalmologist. Therapy must not be altered or discontinued without consultation with the treating ophthalmologist. If it is apparent the patient is not returning for periodic ophthalmology appointments, the optometrist must coordinate a referral back to the treating ophthalmologist.

(9) Physical Therapy. Graduate of a physical therapy program accredited by the Commission on Accreditation in Physical Therapy (CAPT) and a current State license as a physical therapist.

(10) Podiatry. Doctor of Podiatric Medicine degree and a current State license.

(11) Social Work. Master's degree in social work (MSW) from a graduate school of social work accredited by the Council on Social Work Education (CSWE). Must have a minimum of 2 years full-time postmaster's degree supervised clinical social work experience and the highest current State licensure or State certification as a clinical social worker to practice independently.

(12) Speech Pathology. Master's degree in Speech Pathology, State license to practice, and Certificate of Clinical Competency (Speech-Language Pathology) from the American Speech Language Hearing Association (ASHA).

(13) Physician Assistant (PA). Successful completion of a training program for PAs recognized by BUMED and certification by the NCCPAs.

5. Criteria for allied health supplemental privileges

a. Criteria for core privileges.

b. Compliance with departmental-specific criteria which have been endorsed by the MTFs/DTFs ECOMS/ECODS, respectively, and approved by the privileging authority.

6. Additional requirements for clinical psychologists. The following must be documented before granting the indicated supplemental privileges:

a. To prescribe and dispense psychotropic medications. Requires completion of the American Psychological Association (APA) recommended training in psychopharmacology. Successful passage of the Psychopharmacology Examination for Psychologists from the APAs College of Professional Psychology. This privilege allows the psychologist to prescribe and dispense psychotropic and adjunctive medications.

b. The admission of patients

(1) Clinical psychologists may admit patients to the hospital only if a physician member of the active medical staff conducts or directly supervises the admitting medical history and conducts the physical examination. All patients admitted for care by clinical psychologists shall receive the same basic medical appraisal as patients admitted to other departments or services.

(2) The physician assumes responsibility for the care of the patient's medical problems which are outside the psychologist's scope of practice both at the time of admission and during hospitalization.

(3) Where a dispute exists regarding proposed treatment between a physician member and a clinical psychologist involving medical or surgical factors outside the scope of the psychologist's privileges, the physician member shall prevail. These occurrences shall immediately be referred to the chief of the department or the medical director for consultation.

(4) Patients cannot be discharge without a physician's signature.

c. Neuropsychological assessment. Requires a 2-year postdoctoral fellowship in neuropsychology or the equivalent in specialized training and supervised practice. This privilege allows the psychologist to conduct assessments and collaborate with other clinicians in the treatment of patients with known or suspected brain dysfunction.

d. Pediatric psychology privileges. Requires a 1-year postdoctoral fellowship in pediatric psychology or the equivalent in specialized training and supervised practice.

7. Additional requirements for occupational therapy. The following are guidelines for granting supplemental privileges to occupational therapists:

a. Extensive postsurgical hand rehabilitation:

(1) A minimum of 1 year work experience in a clinic with major emphasis in complicated postsurgical hand rehabilitation and a minimum of 75 hand cases; or

(2) Level II fieldwork experience in upper extremity rehabilitation, 25 hand cases, and a minimum of two workshops/ conferences with treatment of postsurgical hand injuries/ conditions as major focus.

b. Request of diagnostic radiological studies. Must be qualified as an Upper Extremity Neuromusculoskeletal Evaluator (UENMSE) and, if military, be assigned the additional qualifying designator - 6LJ.

c. Modalities acquired beyond basic degree. Requires 1 year of experience with additional inservicing workshops and successful application of these techniques.

d. Custom compression garments. Additional inservicing workshops and successful assessment, measuring, and fitting of custom garments and a minimum of 25 patient cases.

e. Neonatal intensive care. Requires 1 year of work experience in a neonatal ICU or a minimum of 50 patient cases in a neonatal ICU.

f. Mobility assessment and management. Requires 1-year experience and additional formal training in evaluation and application of mobility/seating systems and a minimum of 25 successful prescriptions.

g. Authorize light duty chits. Requires 3 years of work experience and an understanding of the policies guiding authorization of light duty chits or, qualify as an UENMSE.

8. Additional requirements for PAs

a. Physician Supervision. The appointed physician supervisor must sign the application for clinical privileges. If the PA is reassigned or has a different physician appointed as primary supervisor, the new supervisor must be provided a list of the PA's current privileges.

b. Physician assistant orthopedic and sports medicine supplemental privileges

(1) If military, must have completed the orthopedic physician assistant fellowship and/or been assigned the 6HL additional qualification designation (Orthopedics Physician Assistant). Must have documented competencies in the field of orthopedics and/or sports medicine established in the departmental-specific criteria, which are endorsed by the MTF/DTF ECOMS/ECODS, respectively, and approved by the privileging authority. The uniformed PA must be granted the PA Core prior to the granting of these supplemental privileges.

(2) For the civilian PA, contractual language sets the scope of practice, e.g., Core PA, Orthopedics, or Sports Medicine privileges. The civilian PA employed as an orthopedics/sports medicine PA is not required to request core PA privileges; Itemized Orthopedic/Sports Medicine privileges are granted.

c. Supervision Requirements

(1) PAs will have access to a physician at all times for the purpose of advice and supervision. This access may be through electronic media. The orthopedic supplemental privileges must occur under the clinical supervision of an orthopedic surgeon; sports medicine privileges must occur under the clinical supervision of a primary care sports medicine physician or an orthopedic surgeon.

(2) Each PA must have a physician appointed as primary supervisor. This supervisor must conduct random record reviews for clinical competency at established intervals and document reviews on appropriate quality review records. The PA assigned to an orthopedic department with PA orthopedic privileges, or assigned to a sports medicine department with PA sports medicine privileges, must have no less than

30 medical records reviewed for competency per quarter, and the supervisor must countersign records reviewed. An alternate physician must be appointed in writing to assume the supervisory responsibilities in the absence of the regularly appointed supervisor or in the case of a part-time assignment to a specialty clinic.

(3) Consultation with the supervising physician must be obtained and documented when problems, complex cases or complications are encountered. Consultation may include, but is not limited to, discussion of the case with the supervising physician before or in the course of treatment or timely review and discussion following disposition of the case.

9. Core privilege sheets are included in this appendix for the following specialties:

- Audiology
- Chiropractic
- Clinical Psychology
- Clinical Social Work
- Dietetics
- Marriage and Family Therapy
- Occupational Therapy
- Optometry
- Pharmacy
- Physical Therapy
- Physician Assistant
- Physician Assistant Orthopedic (Supplemental)
- Physician Assistant Sports Medicine (Supplemental)
- Podiatry
- Speech-Language Pathology

DEPARTMENT OF THE NAVY
AUDIOLOGY - CORE PRIVILEGES

Evaluation, habilitation, rehabilitation, counseling, appropriate referral and management in all cases of auditory disorders per current ASHA, American National Standards Institute, audiometric technician certification course and other applicable guidelines.

Procedures/case types:

- * Basic audiometry
- * Pure tone/speech audiometry
- * Acoustic emittance
- * Amplification and aural rehabilitation
- * Hearing aid candidacy determination, evaluation, selection and fitting
- * Earmold fabrication and modification
- * Electroacoustical measurement of hearing aid performance
- * Counseling and speech reading techniques
- * Advanced audiometry
- * Audiological site of lesion battery
- * Fitness for duty determinations
- * Functional hearing loss evaluation or determination
- * Auditory evoked response
- * Balance system assessment (vestibular testing, electronystagmography [ENG], etc.)
- * Hearing conservation program management
- * Real ear measurement
- * Otoacoustic emissions

AUDIOLOGY - SUPPLEMENTAL PRIVILEGES
Write "Yes" or "No" by each supplemental privilege

- _____ Neurophysiological intraoperative monitoring
- _____ Electrocochleography (ECOG)
- _____ Electroneuronography (ENOG)
- _____ Cochlear implant evaluation
- _____ Cerumen management
- _____ Audiometric technician certification course director

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
CHIROPRACTIC – CORE PRIVILEGES

Performs chiropractic functions and recognizes those situations where care requirements are beyond his/her individual competence and seeks consultation and/or referral following the medical staff bylaws. Shall practice according to department, facility, and specialty-specific criteria developed following JCAHO standards.

Chiropractic history and physical examination (excluding vaginal examinations)

Diagnosis and chiropractic management of neuromusculoskeletal conditions including:

- * Subluxation/joint dysfunction
- * Intervertebral disc disorder (IVD) with myelopathy
- * Spondylosis with and without myelopathy
- * Neuritis/neuralgia/neuropathy due to displacement IVD
- * Cervicocranial syndrome (headache)
- * Brachial neuritis or radiculitis
- * Vertebral facet syndrome
- * Sacroiliac joint syndrome

Standard plain film radiological examinations appropriate to chiropractic diagnosis including:

- * Spine series
- * Pelvic series
- * Skull series
- * Chest (posterior-anterior and lateral views)
- * Rib series

Standard laboratory tests appropriate to chiropractic diagnosis including:

- * Serum electrolytes
- * Urinalysis and urine culture
- * Fecal occult blood
- * Erythrocyte sedimentation rate
- * Complete blood count

DEPARTMENT OF THE NAVY
CHIROPRACTIC – CORE PRIVILEGES
(Continued)

Procedures:

- * Basic cardiac life support
- * Manual, articular manipulative
 - (1) Specific contact thrust
 - (2) Nonspecific contact thrust
 - (3) Manual force, mechanically assisted
 - (4) Mechanical force, manually assisted
- * Manual, nonarticular manipulative
 - (1) Manual reflex and muscle relaxation
- * Supportive:
 - (1) Rehabilitation exercise
 - (2) Nutritional consultation
 - (3) Braces and supports
 - (4) Electrical
 - (5) Mechanical traction
 - (6) Moist heat and ice
 - (7) Ultrasound

Orders and counseling:

- * Recommend assigning active duty patients to quarters up to 72 hours according to MANMED, chapter 1, article 1-11.
- * Recommend placing active duty patients on temporary limited duty assignments
- * Provide patient counseling and recommendations in activities of daily living, including: hygiene, nutrition, exercise and life style changes and modification of ergonomic factors.

DEPARTMENT OF THE NAVY
CHIROPRACTIC – SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
CLINICAL PSYCHOLOGY - CORE PRIVILEGES

Consultation, differential diagnosis and treatment planning for all disorders defined by the Diagnostic and Statistical Manual for Mental Disorders (to include, but not limited to):

- * Personality disorders
- * Adjustment disorders
- * Mood disorders
- * Anxiety disorders
- * Schizophrenia and other psychotic disorders
- * Substance-related disorders
- * Delirium, dementia, and amnestic and other cognitive disorders
- * Mental disorders due to a general medical condition
- * Somatoform disorders
- * Factitious disorders
- * Dissociative disorders
- * Sexual and gender identity disorders
- * Eating disorders
- * Sleep disorders
- * Impulse control disorders
- * Organic mental disorders
- * Psychotic disorders
- * Other conditions that may be a focus of clinical attention

Diagnostic and therapeutic procedures:

- * Interviewing
- * Psychosocial history taking
- * Mental status examination
- * Major types of psychotherapy including short term, long term, psychodynamic, behavioral, cognitive-behavioral, individual, marital, family, and group.
- * Crisis intervention
- * Assessment of potential harm to self or others
- * Special psychological examinations (e.g., Article 706 examinations, suitability and fitness for duty evaluations, medical boards, psychological examinations related to special security clearances and duty assignments).
- * Administration and interpretation of psychological tests including test of ability, aptitude, achievement, interests, personality, cognitive functioning and mental health.

DEPARTMENT OF THE NAVY
CLINICAL PSYCHOLOGY – SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege
(Continued)

- _____ Pediatric Psychology
Qualifications: 1-year postdoctoral fellowship in pediatric psychology or the equivalent in specialized training and supervised practice. This privilege allows the psychologist to diagnose, develop treatment plans, consult and treat child and adolescent patients for all disorders defined by the Diagnostic and Statistical Manual of Mental Disorders.
- _____ Neuropsychology
Qualifications: 2-year postdoctoral fellowship in neuropsychology or the equivalent in specialized training and supervised practice. This privilege allows the psychologist to conduct assessments and collaborate with other clinicians in the treatment of patients with known or suspected brain dysfunction.
- _____ Prescription Privileges
Qualifications: Completion of the DOD Psychopharmacology Demonstration Project or completion of the American Psychological Association (APA) recommended training in psychopharmacology which includes supervised practice and passing of certifying examination. The supervised practice should be under the direction of qualified practitioners and include the treatment of a minimum of 100 patients from a diverse patient population. This privilege allows the psychologist to prescribe and dispense psychotropic and adjunctive medications.
- _____ Admitting Privileges: Allow the psychologist to admit a patient to the hospital for psychological reasons including, but not limited to danger to self or others, psychosis, mania, or severe depression.
- Other: _____

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
CLINICAL SOCIAL WORK - CORE PRIVILEGES

Consultation, differential diagnosis, and treatment planning for all disorders defined by the Diagnostic and Statistical Manual for Mental Disorders to all age groups:

- * Organic mental disorders
- * Psychotic disorders
- * Schizophrenia
- * Delusional disorders
- * Mood disorders
- * Anxiety disorders
- * Somatoform disorders
- * Psychoactive substance use disorders
- * Sleep disorders
- * Factitious disorders
- * Impulse control disorders
- * Psychological factors affecting physical condition
- * Disorders usually first evident in infancy, childhood, or adolescence that manifest in an adult patient such as, eating disorders and gender-identity disorders
- * Conditions not attributable to a mental disorder that are a focus of attention or treatment
- * Sexual disorders
- * Adjustment disorders
- * Personality disorders
- * Dissociative disorders
- * Post-traumatic stress syndrome

Diagnostic and therapeutic procedures:

- * Interviewing
- * Major types of psychotherapy including: short term, long term, psychodynamic, family, marital, group, individual and behavioral therapy
- * Community outreach (e.g., health promotion and command consultation)
- * Mental status examination
- * Crisis intervention
- * Case management
- * Medical discharge planning
- * Psychosocial history taking

DEPARTMENT OF THE NAVY
CLINICAL SOCIAL WORK - SUPPLEMENTAL PRIVILEGES
Write "Yes" or "No" by each supplemental privilege
(Continued)

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
DIETETICS - CORE PRIVILEGES

Liaison between physician, nursing care and nutritional services

Nutritional assessment, evaluation, and modification of nutrients to include:

- * Interpretation of laboratory data
- * Evaluation of diet history, 24-hour recall and food frequency data
- * Modifications in fiber, consistency, calories, carbohydrates, fats, proteins and minerals
- * Food allergy/intolerance or alternate dietary plan such as, vegetarianism
- * Nutritional factors associated with medical and surgical conditions (e.g., obesity, diabetes, cancer, hypertension, malabsorption, infection, cardiac, gastrointestinal, hepatic, metabolic, endocrine, renal, neurologic and pulmonary diseases)
- * All life cycle phases (e.g., pregnancy, lactation, infancy, childhood, adolescence, adulthood and old age)
- * Disease prevention and palliation (e.g., dental caries, oral health, weight control, risk factor intervention, cancer, abnormalities of nutrient metabolism, drug-nutrient and diet-drug interactions, substance abuse and feeding problems)
- * Nutritional factors associated with stress, deficiency, immunologic status and megavitamin supplementation
- * Education of patient and family in lifestyle modifications for the above conditions

DIETETICS - SUPPLEMENTAL PRIVILEGES
Write "Yes" or "No" by each supplemental privilege

- _____ Assess, plan and develop feeding regimens for nutritional support of trauma and critical care patients to include laboratory data interpretation, nutritional, fluid, and electrolyte requirements of the critically ill and nutritional assessment through anthropometric data
- _____ Recommend specific feeding regimens in response to patients' nutritional and medical needs (e.g., parenteral, oral and enteral) and define specifications for those feeding protocols (e.g., total volume, calorie concentration, feeding rate and osmolality)
- _____ Assess and recommend nutritional care plans for exercise and sports activities to include knowledge of body composition standards and current methods of dietary supplementation and nutritional, fluid and electrolyte requirements.
- _____ Assess, evaluate and construct nutritional care plans and dietetic support for psychiatric eating disorders (e.g., anorexia and bulimia)
- _____ Assess, evaluate, and develop nutritional care plans and feeding regimens for burn patients to include metabolic and specific nutrient requirements

DEPARTMENT OF THE NAVY
DIETETICS - SUPPLEMENTAL PRIVILEGES
Write "Yes" or "No" by each supplemental privilege
(Continued)

- _____ Assess, evaluate and recommend nutritional care plans for advanced nutrition intervention in the pediatric patient to include malabsorption, endocrine abnormalities, failure to thrive, congenital abnormalities or inborn errors of metabolism
- _____ Assess, evaluate, and develop nutritional care plans for the nutritional intervention for the oncology and hematology patient to include drug-nutrient interaction, malabsorption and feeding complications
- _____ Order and interpret baseline and follow-up clinical chemistry studies as needed for initiation and continued medical nutrition therapy. Dietitian must follow-up with attending/referring nurse practitioner or physician for all abnormal study results.

Other: _____

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
MARRIAGE AND FAMILY THERAPY - CORE PRIVILEGES

Consultation, differential diagnosis and treatment planning within the context of family systems for all disorders defined by the Diagnostic and Statistical Manual for Mental Disorders

- * Mood disorders
- * Organic mental disorders
- * Psychotic disorders
- * Schizophrenia
- * Delusional disorders
- * Anxiety disorders
- * Somatoform disorders
- * Psychoactive substance use disorders
- * Sleep disorders
- * Factitious disorders
- * Impulse control disorders
- * Psychological factors affecting physical condition
- * Disorders usually first evident in infancy, childhood, or adolescence that manifest in an adult patient such as, eating disorders and gender identity disorders
- * Conditions not attributable to a mental disorder that are a focus of attention or treatment
- * Sexual disorders
- * Adjustment disorders
- * Personality disorders
- * Dissociative disorders
- * Post-traumatic stress syndrome

Diagnostic and therapeutic procedures:

- * Interviewing
- * Psychosocial and family history taking
- * Mental status evaluation
- * Major types of psychotherapy including: short and long term, psychodynamic, family, marital, group, individual and behavioral
- * Crisis intervention
- * Individual and family case management
- * Command and community consultation (e.g., health promotion, prevention services and substance abuse counseling)
- * Discharge planning

DEPARTMENT OF THE NAVY
MARRIAGE AND FAMILY THERAPY - SUPPLEMENTAL PRIVILEGES
Write "Yes" or "No" by each supplemental privilege

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
OCCUPATIONAL THERAPY - CORE PRIVILEGES

Comprehensive occupational therapy evaluation and planning and treatment of all age groups for:

- * Impaired range of motion, strength, endurance, coordination, and sensory function
- * Fabrication and/or application of basic orthotic or splinting devices
- * Compression therapy
- * Modalities include: hot moist heat, paraffin, massage and fluid therapy
- * Activities of daily living
- * Assistive devices or adaptive equipment
- * Occupational behavior skills associated with psychosocial dysfunction
- * Cognitive impairments such as, perception, concentration, conceptualization, comprehension, and orientation
- * Standardized tests
- * Pediatric cognitive and physical development screening and assessment
- * Pediatric play skills assessment
- * Adult leisure and play skills assessment and instruction
- * Discharge planning and implementation
- * Energy conservation, work simplification and ergonomic considerations
- * Collaboration and coordination with referring health care providers and administrators, and with patients, family members or caregivers.

OCCUPATIONAL THERAPY - SUPPLEMENTAL PRIVILEGES
Write "Yes" or "No" by each supplemental privilege

- _____ Extensive postsurgical hand rehabilitation to include wound care, debridement and complicated dynamic splinting
- _____ Appropriate diagnostic radiological studies (must be qualified as an upper extremity Neuromusculoskeletal evaluator)
- _____ Modalities acquired beyond basic degree, e.g., electrical stimulation, transcutaneous electrical nerve stimulation (TENS), neuromuscular electrical stimulation (NMES), ultrasound, phonophoresis and iontophoresis
- _____ Custom pressure garments including the ability to assess, measure and fit compression garments
- _____ Lymphedema management
- _____ Advanced pediatrics: School-based therapy (testing/treatment)

DEPARTMENT OF THE NAVY
OCCUPATIONAL THERAPY - SUPPLEMENTAL PRIVILEGES
Write "Yes" or "No" by each supplemental privilege
(Continued)

- _____ Neurodevelopmental training
- _____ Neonatal intensive care
- _____ Sensory motor integration testing and treatment
- _____ Mobility assessment and management (wheelchair prescription and adaptive seating)
- _____ Authorization of light duty chits

Other: _____

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
OPTOMETRY - CORE PRIVILEGES

- * Comprehensive evaluation of the eye and its adnexa, diagnosis, and treatment of visual disorders and anomalies to include all age-specific groups
- * General and ophthalmic medical history
- * Measurement and evaluation of ocular tissue metrics (all non-invasive external measurements of ocular tissue and adnexa such as keratometry, pachymetry, topography, wavefront aberrometry, A/B ultrasonography)
- * Visual acuity evaluation
- * Lensometry
- * Measurements, e.g., pupillary distance, near point of convergence, exophthalmos, and accommodation
- * Ocular motility evaluations
- * Stereopsis and depth perception evaluation
- * Evaluation of pupillary reflexes
- * Color vision assessment
- * Refractions, manifest and cycloplegic
- * Evaluation of binocular function
- * Prescribing orthoptic techniques for binocular vision disorders
- * Low vision evaluation and prescription of low vision devices
- * Spectacle prescribing
- * Contact lens fitting, prescription, followup care and modifications
- * Tonometry, contact and noncontact
- * Pupil dilation
- * Examination of the eye using slit lamp biomicroscopy and gonioscopy
- * Fundus examination of the peripheral retina using indirect ophthalmoscopy (with scleral depression when necessary) and fundus lenses
- * Diagnosis, treatment with topically applied medications, and management of diseases and conditions of the eye and adnexa (excluding the treatment of glaucoma which is covered under supplemental privileges)
- * Eye irrigation
- * Removal of nonpenetrating foreign bodies on the cornea or conjunctiva, including the use of topical anesthetic agents when necessary
- * Conduct and interpret visual field tests
- * Electrophysiological test interpretation
- * Order laboratory tests appropriate to the practice of optometry
- * Order imagery and radiological studies appropriate to the practice of optometry
- * Fundus photography

OPTOMETRY - SUPPLEMENTAL PRIVILEGES
Write "Yes" or "No" by each supplemental privilege

- _____ Developmental and perceptual vision screening
- _____ Tonography
- _____ Potential Acuity Meter measurements
- _____ Retinal electrophysiologic studies
- _____ Retinal and neurophysiological visual evoked potentials
- _____ Interpretation of fluorescein angiography
- _____ Punctal dilation and irrigation
- _____ Punctal occlusion with collagen implants

Nonsurgical treatment and management of glaucoma under one of the following conditions when the following equipment is readily available:

- _____ Threshold visual field instrument, fundus camera, gonioscopy; the practitioner must acquire and maintain a therapeutic optometry license in a State that allows the treatment and management of glaucoma; or
- _____ The practitioner must have successfully completed advanced training in ocular disease, i.e., a fellowship or residency approved by the Commission on Optometric Education.

Prescription of the following oral medications appropriate to the practice of optometry:

- _____ Antibiotics
- _____ Antihistamines or decongestants
- _____ Nonsteroidal anti-inflammatory agents
- _____ Over-the-counter medications
- _____ Steroids (after prior consultation with a physician and appropriate documentation in the medical record)

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
PHARMACY - CORE PRIVILEGES

Provide pharmaceutical care services to all age groups to include:

- * Interpret physician's orders
- * Compound and dispense medicinal products
- * Conduct medication education for patients and health care professionals
- * Participate with the medical staff in the receipt, control, and dispensing of investigational drugs and ensure their appropriate use
- * Evaluate and ensure appropriateness of drug therapy by recognizing untreated indications, improper drug selection, subtherapeutic dosage, failure to receive drugs, overdosage, adverse drug reactions, drug interactions and drug use without indication
- * Monitor patient's therapy for desired goals and outcomes and document in progress notes
- * Record verbal orders
- * Select and individualize the most appropriate treatment regimen
- * Perform verbal and written medication information consults
- * Interpret and evaluate need for relevant laboratory tests

PHARMACY - SUPPLEMENTAL PRIVILEGES
Write "Yes" or "No" by each supplemental privilege

Using an MTF-approved protocol, provide complete pharmaceutical care services by initiating therapy per physician's request, altering doses for provision of optimal therapy, terminating therapy to avoid toxicity, initiating therapy to treat acute complications for the following:

- _____ Pharmacokinetic monitoring (drugs include, but are not limited to: aminoglycosides, vancomycin, theophylline, antiarrhythmics, anti-convulsants, digoxin, etc.)
- _____ Parenteral nutritional support of patients to include metabolic, nutritional, fluid and electrolyte requirements
- _____ Patient-controlled analgesia to include appropriate medication, dose, lockout interval, basal rate, and need for acute bolusing based on the pharmacist's assessment of the patient's pain control and potential adverse effects
- _____ Anticoagulation therapy
- _____ Patient's stability on physician-directed drug therapy. Based on assessment and protocol, if stable, extend current therapy or, if unstable, refer patient to a physician for reevaluation

DEPARTMENT OF THE NAVY
PHARMACY - SUPPLEMENTAL PRIVILEGES
Write "Yes" or "No" by each supplemental privilege
(Continued)

- _____ Assessment for uncomplicated minor symptoms (e.g., cough, cold, allergy, rash, aches, pains, etc.) not requiring evaluation by a physician. Use an approved formulary to initiate therapy to treat symptoms and refer to a physician if required
- _____ Antihyperlipidemic therapy

Other: _____

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
PHYSICAL THERAPY - CORE PRIVILEGES

Routine physical therapy evaluations and procedures expected of a graduate of an accredited physical therapy program. Practice within guidelines published by the American Physical Therapy Association. As a licensed independent practitioner, the physical therapist may practice the following privileges with or without a referral:

- * Provide physical therapy examination, evaluation, diagnosis, prognosis and intervention services for infants, children, adolescents, adults and older adults with impairments, functional limitation, disabilities or changes in physical function and health status resulting from injury, disease or other causes.
- * Serve as a physical therapy clinical consultant for other health care practitioners. Refer patients to other practitioners as appropriate.
- * Perform prevention and wellness activities, education, screening and promote positive health behaviors.
- * Use appropriate tests and measures to gather information required for patient management.
- * Coordinate, communicate and document physical therapy care across all practice settings. This includes administrative documentation of light duty (not to exceed 30 days) and sick list (not to exceed 72 hours).
- * Select, apply and modify procedural interventions based on anticipated goals and expected outcomes. These interventions include:
 - Patient education
 - Therapeutic exercise
 - Functional training
 - Manual therapy techniques
 - Prescription, application and fabrication of devices and equipment
 - Airway clearance technique
 - Integumentary repair and protective techniques
 - Electrotherapeutic modalities
 - Physical agents and mechanical modalities

DEPARTMENT OF THE NAVY
PHYSICAL THERAPY – SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege

- _____ Order appropriate imaging studies
- _____ Order diagnostic laboratory studies
- _____ Prescribe aspirin, designated non-steroidal anti-inflammatory
and muscle relaxant medications
- _____ Perform and provide an impression of
electroneuromyographic examination
- _____ Developmental pediatric evaluation and treatment
- _____ Early intervention with high-risk infants in the Neonatal ICU

Other: _____

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
PHYSICIAN ASSISTANT - CORE PRIVILEGES

Triage, establish working diagnoses, administer treatment, ensure case management and provide subsequent evaluations per accepted standards of medical practice in the following disciplines: internal medicine, family practice, surgery, ophthalmology, otolaryngology, dermatology, pediatrics, orthopedics, psychiatry and obstetrics/gynecology.

Orthopedics:

- * Bursitis
- * Tendonitis
- * Sprains
- * Strains
- * Back and neck pain
- * Fractures and dislocations
- * Joint trauma diseases
- * Injection of musculo-tendonous units
- * Aspiration and injection of joints

Pediatrics:

- * Well-baby checks > 2 months of age
- * Well-child care
- * Developmental screening
- * School physicals
- * Acute and chronic illness > 2 months of age
- * Acute and chronic childhood illness

Dermatology:

- * Acne
- * Fungal and yeast infections
- * Veruccae
- * Evaluation of nevi
- * Dermatitis
- * Exanthems and enanthems
- * Parasitic infestation
- * Eczema
- * Burns, superficial and partial thickness

DEPARTMENT OF THE NAVY
PHYSICIAN ASSISTANT - CORE PRIVILEGES
(Continued)

Gynecology:

- * Routine well-woman care
- * Contraception
- * Vaginitis
- * Dysfunctional uterine bleeding
- * Pelvic pain
- * Routine breast and pelvic exams
- * Pelvic inflammatory disease

Otolaryngology:

- * Otitis externa and media
- * Labyrinthitis
- * Pharyngitis
- * Rhinitis
- * Cerumenosis
- * Sinusitis

Medicine and Family Practice:

- * Hypertension
- * Pneumonia
- * Bronchitis
- * Asthma
- * Cystitis
- * Prostatitis
- * Urethritis
- * Epididymitis
- * Urinary stones
- * Arthritis
- * Anemia
- * Gastrointestinal illness
- * Viral/bacterial infections
- * Sexually-transmitted diseases

Psychology/Counseling:

- * Crisis intervention counseling
- * Family and marital counseling
- * Diagnosis and referral of substance abuse

DEPARTMENT OF THE NAVY
PHYSICIAN ASSISTANT - CORE PRIVILEGES
(Continued)

Ophthalmology:

- * Hordeolum
- * Chalazion
- * Conjunctivitis
- * Corneal foreign body and abrasion

Miscellaneous:

- * Evaluation and treatment of patients with temperature-related injuries
- * Physical examinations
- * Interpretation of pertinent laboratory, electrocardiographic, radiographic, and other diagnostic studies (e.g., audiograms) needed for management of the patient

Procedures:

- * Removal of foreign body
- * Excision of cyst
- * Incision and drainage of abscess
- * Suture of simple laceration
- * Skin or subcutaneous excisional biopsy
- * Evacuation of thrombosed hemorrhoid
- * Apply and change dressings and bandages
- * Peripheral venipuncture
- * Peripheral venous infusion
- * Local infiltration anesthesia
- * Suture closure, one layer
- * Indirect laryngoscopy
- * Irrigation of the eye, ear and wounds
- * Administration of intradermal, intramuscular and intravenous medications
- * Fluorescein staining
- * Splinting and stabilizing spine or extremity injuries
- * Control of external hemorrhage
- * Visual acuity testing
- * Tonometry and tonography
- * Color vision testing
- * Operation of Armed Forces Vision Tester
- * Bladder catheterization
- * Anoscopy
- * Animal bites treatment

DEPARTMENT OF THE NAVY
PHYSICIAN ASSISTANT - CORE PRIVILEGES
(Continued)

Procedures: (Continued)

- * Casting for the purpose of immobilizing and setting of fractures
- * Consultation or referral with appropriate physician, specialty clinic, or other health care resource as needed
- * Prescribe all medicine, controlled substances (including Schedule II through V), and therapy regimens required within the scope of practice
- * Assess and stabilize patients who have emergent life-threatening problems for immediate referral and transfer to the appropriate physician

PHYSICIAN ASSISTANT - SUPPLEMENTAL PRIVILEGES
Write "Yes" or "No" by each supplemental privilege

- _____ Occupational and medical surveillance program physical examinations for workers engaged in hazardous occupations per Navy Occupational Health and Safety Program, the Occupational Safety and Health Administration and Navy occupational medicine instructions and directives
- _____ Uncomplicated pregnancy management
- _____ Well-baby checks < 2 months of age
- _____ Acute illness < 2 months of age
- _____ Insertion and removal of intrauterine devices and Norplant
- _____ Flexible sigmoidoscopy
- _____ Colposcopy
- _____ Vasectomy
- _____ Suture closure, double layer

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
PHYSICIAN ASSISTANT ORTHOPEDICS – SUPPLEMENTAL PRIVILEGES

The following privileges must occur under the supervision of an orthopedic surgeon:

- _____ Office orthopedic problems to include contusions, strains, sprains and sports injuries relating to the back and neck.
- _____ Non-surgical musculoskeletal disorders, e.g., rheumatic disease, collagen diseases and foot disorders.
- _____ Adult and pediatric rehabilitation.
- _____ Local infiltration with anesthetic and steroids to any joint space, facet, trigger point, tendon sheath or perineural tissue.
- _____ Local hematoma blocks
- _____ Management of chronic pain
- _____ Prescription of over-the-counter orthotics and prosthetics
- _____ Management of simple closed fractures to include closed reduction

Procedures performed as first assistants to orthopedic surgeons:

- _____ Amputations, major
- _____ Arthrocentesis
- _____ Arthroscopy, diagnostic and surgical
- _____ Arthrodeses
- _____ Arthroplasties
- _____ Arthrotomies
- _____ Bone grafting procedures
- _____ Excision of bursae, calcium deposits
- _____ Excision of herniated nucleus pulposus
- _____ Excision of degenerated intervertebral discs
- _____ Excision of bone tumors
- _____ Fractures and dislocations, open and closed reduction of major injuries, including skeletal traction
- _____ Fusion of spine to include: anterior cervical, posterior cervical, anterior lumbar, posterior lumbar, anterior thoracic, posterior thoracic
- _____ Split and full thickness skin grafts
- _____ Hip nailing
- _____ Laminectomy, lumbar, thoracic and cervical
- _____ Manipulation of deformities and musculoskeletal system
- _____ Osteomy
- _____ Surgical management of osteomyelitis and septic arthritis
- _____ Prosthetic replacement of bones and joints
- _____ Release and/or excision of muscles, tendons, fascia, ligaments and nerves

DEPARTMENT OF THE NAVY
PHYSICIAN ASSISTANT ORTHOPEDICS - SUPPLEMENTAL PRIVILEGES
(Continued)

- _____ Scoliosis and kyphosis, surgical correction with or without instrumentation
- _____ Tendon grafts with or without preliminary tendon prosthesis
- _____ Tendon repair, transfer, lengthening or shortening
- _____ Ligament repair and reconstruction of the hand, knee, ankle, shoulder and elbow
- _____ Nerve repair, transplantation and grafts
- _____ Reimplantation of severed digits using microvascular technique
- _____ Lumbar puncture
- _____ Myelography
- _____ Reconstruction of skeletal defects using synthetic or metal materials
- _____ Bone and muscle transposition to restore function or form of extremities
- _____ Cement privileges
- _____ Flaps, local and distant microvascular free
- _____ Anesthesia, low and regional blocks
- _____ Chemonucleolysis

Other:

- _____ Obtain informed consent and order blood products

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
PHYSICIAN ASSISTANT SPORTS MEDICINE - SUPPLEMENTAL PRIVILEGES

The following privileges must be granted under the clinical supervision of a primary care sports medicine physician or an orthopedic surgeon:

- _____ Examination and treatment of the musculoskeletal system including contusions, strains and sprains
- _____ Sports medicine and related injuries including:
 - _____ Back and neck pain, chronic and acute
 - _____ Neuromuscular and demyelinating disease
 - _____ Nonsurgical musculoskeletal problems (e.g., rheumatic diseases, collagen diseases, foot disorders)
 - _____ Peripheral nervous system disorders and myoneural junction disorders, (e.g., radiculopathies, myasthenia gravis)
- _____ Generalized deconditioning
- _____ Evaluation and management of chronic pain
- _____ Pediatric rehabilitation
- _____ Local infiltration of steroids and anesthetic mixtures into joint, facet, subacromial space, trigger point, tendon sheath or perineural tissue
- _____ Arthrocentesis
- _____ Simple closed fractures with closed reduction not requiring general anesthesia
- _____ Local hematoma anesthetic block of fractured bone
- _____ Prescription of over-the-counter orthotics, prosthetics and adaptive equipment

Prescription of modalities:

- _____ Hydrotherapy (heat and cold)
- _____ Cryotherapy
- _____ Superficial heating modalities to include:
 - _____ Moist hot packs
 - _____ Paraffin bath
 - _____ Fluidotherapy
 - _____ Infrared radiation

Deep heating modalities to include:

- _____ Short-wave diathermy
- _____ Ultrasound
- _____ Phonophoresis

DEPARTMENT OF THE NAVY
PHYSICIAN ASSISTANT SPORTS MEDICINE - SUPPLEMENTAL PRIVILEGES
(Continued)

Electrical stimulation:

- ☐ TENS (transcutaneous electrical nerve stimulation)
- ☐ IFC (inferential stimulators)
- ☐ NMES (neuromuscular electrical stimulator)
- ☐ HVPS (high-voltage pulsed stimulation)
- ☐ Lontophoresis

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
PODIATRY - CORE PRIVILEGES

- * Medical and surgical treatment of disorders of the foot and ankle with comprehensive and complete podiatric medical examination for consultation, diagnosis, and treatment planning to include all age-specific groups
- * Biomechanical examination with fabrication or prescribing of orthotic and shoe appliances or devices, including design of special shoes
- * Comprehensive joint and gait analysis as related to the foot and ankle
- * Dermatological diseases of the foot and ankle
- * Circulatory disorders affecting the foot and ankle
- * Neurological disorders affecting the foot and ankle
- * Arthritis and other inflammatory diseases affecting the foot and ankle
- * Toenail disorders
- * Skin and soft tissue tumors and cysts of the foot
- * Soft tissue surgery of the foot (including the skin and nails)
- * Digital osseous and soft tissue surgery, including the great toe
- * Foot and ankle trauma (sprains, strains, contusions)
- * Skin and soft tissue biopsy of the foot and ankle
- * Treatment of closed extremity dislocations or simple fractures of the foot and ankle
- * Diagnostic and therapeutic procedures
- * Imaging studies of the foot and ankle
- * Interpretation of all appropriate laboratory and diagnostic studies in the practice of podiatric medicine and surgery
- * Prescription of treatments by physical medicine and physical therapy
- * Admission of podiatric patients to the hospital for treatment or surgery with cosignature by attending physician

DEPARTMENT OF THE NAVY
PODIATRY - SUPPLEMENTAL PRIVILEGES
Write "Yes" or "No" by each supplemental privilege
(Continued)

Require podiatric surgical residency or documentation of surgical competency

- _____ Metatarsal osseous and soft tissue surgery
- _____ Midtarsal (cuboid, navicular, cuneiform osseous, and soft tissue) surgery
- _____ Tarsal (talus, calcaneus osseous, and soft tissue) surgery
- _____ Podiatric soft tissue laser surgery
- _____ Ankle joint osseous and soft tissue surgery/complex ankle fractures
- _____ Complete and partial amputation of osseous and soft tissues of the foot to the ankle

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY
SPEECH-LANGUAGE PATHOLOGY - CORE PRIVILEGES

Evaluation, remediation, counseling, appropriate referrals and management of all cases involving: articulation/phonology, language, fluency, cognitive-communication, pragmatics and voice disorders per current ASHA and applicable department facility guidelines.

Procedures/Case Types:

- * Provide, upon physician referral, evaluation, and counseling/treatment programs for basic and more complicated communication disorders including: articulation/phonology, language, fluency, cognitive-communication, pragmatics and resonance/phonation (voice).
- * Select, administer, and interpret commonly used diagnostic tests designed for adults and children, to assess disorders of vocabulary/semantics, grammar, articulation/phonology, fluency, cognitive-communication, pragmatics and voice.
- * Recommend appropriate referrals to physicians, audiologists, and other health care providers as appropriate. Select appropriate vocal and non-vocal communication devices; may include Augmentative and Alternative Communication (AAC) assessments and treatment.

SPEECH-LANGUAGE PATHOLOGY - SUPPLEMENTAL PRIVILEGES

Write "Yes" or "No" by each supplemental privilege

- _____ Design individualized swallowing/feeding programs for patients as appropriate
_____ Supervise graduate level clinicians

Upon physician referral:

- _____ Assist in selection process of patients for tracheoesophageal puncture
_____ Fit/insert tracheoesophageal voice prostheses
_____ Select appropriate patients to use a speaking valve or "talking tracheostomy tube"
_____ Place a speaking valve for tracheotomy/vent patients in coordination with appropriate medical staff such as pulmonary, respiratory therapy and ENT
_____ Provide Modified Barium Swallow (MBS) study in consultation with radiology
_____ Provide Fiberoptic Endoscopic Evaluation of Swallow (FEES).
_____ In cooperation with an appropriately trained physician
_____ Independently with appropriate medical staff support

DEPARTMENT OF THE NAVY
SPEECH-LANGUAGE PATHOLOGY - SUPPLEMENTAL PRIVILEGES
Write "Yes" or "No" by each supplemental privilege
(Continued)

- _____ Provide (in cooperation with otolaryngology) video endoscopy and laryngeal stroboscopy to evaluate and treat phonatory (voice) disorders
- _____ Perform rigid (oral) endoscopy independently for treatment and documentation purposes
- _____ Provide (in cooperation with otolaryngology) video nasoendoscopy to evaluate and treat velopharyngeal disorders
- _____ Provide orofacial myofunctional assessment and treatment
- _____ Consult on fitness for duty evaluations

Other: _____

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____